

SELF-SERVICE CENTER

INSTRUCTIONS: HOW TO FILL OUT THE “CROSS EXPEDITED PROCESS PETITION TO ENFORCE”

USE THIS FORM only if you are trying to make someone obey a court order for child support, spousal maintenance, medical insurance coverage, reimbursement of medical, dental or vision care expenses that are not covered by insurance, and/or parenting time, or you want to present proof of payments you have made. **YOU DO NOT NEED TO USE THIS PAPERWORK TO FILE A RESPONSE.** However, this is your opportunity to request the court to consider additional issues not included in the “*Expedited Process Petition to Enforce*” which you were served with.

Match the numbered instructions to the numbers on the “*Cross Expedited Process Petition to Enforce*.” **TYPE OR PRINT CLEARLY USING BLACK INK ONLY.**

NUMBER

INSTRUCTION

- (1) **Fill in YOUR** name, address, **Daytime and Evening** phone numbers. Your daytime phone number is the number where you can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m., or where a message may be left for you. PLEASE FILL IN BOTH PHONE NUMBERS. IF THE NUMBERS ARE THE SAME, WRITE “SAME” IN SPACE PROVIDED FOR SECOND NUMBER.
Check the box to indicate whether the party filing this request to enforce is Petitioner or Respondent. If you have obtained the services of an attorney, the attorney must write **YOUR** name as the “Person Filing” and must provide his or her State Bar number and contact information.
- (2) **Print** the names of the parties listed as Petitioner and Respondent on the court order(s) for child support, spousal maintenance, medical insurance coverage, uninsured medical expenses and/or parenting time.
- (3) Below the line for Respondent’s name, write in the **ATLAS** number assigned to your case, if known.
- (4) Write in your Maricopa County case number in the space provided (above “Expedited” in the form title). The number should be the same as the Superior Court case number listed on the court order that you want to enforce. This number starts with “**DR**” or “**D**” or “**FC**.”
- (5) Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.

Mark the box or boxes which indicate(s) the type(s) of order(s) for which you are requesting enforcement.
- (6) Date that you were served with the “*Expedited Process Petition to Enforce*”.

INSTRUCTIONS FOR SECTION A:

COMPLETE SECTION "A" IF YOU ARE REQUESTING ENFORCEMENT OF AN ORDER TO PAY MONEY OR TO PROVIDE INSURANCE. DO NOT COMPLETE THIS SECTION IF YOU ARE REQUESTING ENFORCEMENT OF PARENTING TIME ONLY.

Instructions (7) through (13) apply only if you have marked one or more of the following boxes: Child Support, Child Support Arrears, Spousal Maintenance, Spousal Maintenance Arrears, Medical Insurance Coverage, and/or Uninsured Medical/Dental/Vision Expenses (those with "ESR" behind them).

- (7) Date(s) the Order(s) you want to have enforced were signed.
- (8) Name of the judicial officer(s) who signed your Order(s).
- (9) Name of the party who owes you child support, spousal maintenance, AND/OR has not obtained medical insurance coverage or reimbursed uninsured medical, dental or vision care expenses.
- (10) Amount of support the court ordered the other party to pay **and** the **EXACT** wording of the order(s) you want to have enforced. If you do not have a copy of your order(s), attempt to obtain a copy by going to Court Records located on the first floor of the Courthouse in Mesa, or at 601 W. Jackson, southwest of the Central Courthouse Building in Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (11) Total amount of support that is past due. To determine the past due amount:
- A. Calculate the total amount of support which should have been **paid** to you to date;
 - B. Calculate the total amount of support you have **received** (including **direct** payments) to date;
 - C. **SUBTRACT** the total amount received from the total amount due. This is the past due amount (this amount does not include the amount of interest to which you are entitled).
- (12) Time period for which you claim the past due support was not paid.
- (13) If reimbursement is overdue for medical, dental or vision care expenses that are not covered by insurance, list the amount due from the other party here.

INSTRUCTIONS FOR SECTION B:

COMPLETE SECTION "B" ONLY IF YOU ARE REQUESTING ENFORCEMENT OF A COURT ORDER CONCERNING PARENTING TIME. Instructions (14) through (19) only apply if you have marked the box for "Parenting Time".

- (14) Date(s) of the order(s) you want to have enforced.
- (15) Name of the judicial officer(s) who signed your order(s).

- (16) **EXACT** wording of the order(s). If you do not have a copy of your order(s), attempt to obtain a copy at Court Records located on the first floor of the Courthouse in Mesa, or at the Record Center located at 601 West Jackson St. in downtown Phoenix. If you are unable to obtain a copy, state in your own words, as accurately as possible, what the order said.
- (17) Name of the party whom you claim violated the order(s).
- (18) Write a **brief** summary describing how the other party failed to comply with the Court Order.
- (19) Check the box to show whether you will mail, deliver or fax a copy of this document to the other party, then write in the other party's name and the address you mailed, delivered, or faxed a copy of this document to. If you used a fax, include the number you faxed the document to.

This ends Section "B". You must still sign the document as directed in (20), below.

- (20) **DO NOT SIGN AND DATE THIS FORM UNTIL YOU ARE YOU ARE DIRECTED TO DO SO BY A NOTARY PUBLIC OR A CLERK OF THE COURT.** Your signature acknowledges that the information you have provided is true and correct to the best of your knowledge and belief.